## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10786846

| CLAIMS AS FILED - PART I |                                                                                                |                                                                                                                   |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |                                                   | •        | SMALL E                                                        | NTITY.                 |            | OTHEF                                                                   | RTHAN                  |
|--------------------------|------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|---------------------------------------------------|----------|----------------------------------------------------------------|------------------------|------------|-------------------------------------------------------------------------|------------------------|
|                          |                                                                                                |                                                                                                                   | (Column                                 | (Column 1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                          | (Column 2)                                        |          | TYPE                                                           |                        | OF         | SMALL                                                                   |                        |
| TOTAL CLAIMS             |                                                                                                |                                                                                                                   | 18                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |                                                   |          | RATE                                                           | FEE                    | 7 1        | RATE                                                                    | FEE                    |
| FOR .                    |                                                                                                |                                                                                                                   | NUMBER                                  | FILED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | NUME                                     | BER EXTRA                                         |          | BASIC FEE                                                      | 385.00                 | OR         | BASIC FEE                                                               | 770.00                 |
| TOTAL CHARGEABLE CLAIMS  |                                                                                                |                                                                                                                   | 18 mir                                  | minus 20=                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                          |                                                   | :        | X\$ 9=                                                         |                        | OR         | X\$18=                                                                  | 1                      |
| INDEPENDENT CLAIMS       |                                                                                                |                                                                                                                   | 13 mi                                   | 3 minus 3 =                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                          | $\lceil \_ \rfloor$                               |          | X43=                                                           |                        | OR         | X86=                                                                    |                        |
| ΜL                       | JLTIPLE DEPEN                                                                                  | NDENT CLAIM P                                                                                                     | RESENT                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1                                        |                                                   |          | +145=                                                          | <u> </u>               | 1          |                                                                         |                        |
| * If                     | the difference                                                                                 | e in column 1 is                                                                                                  | less than ze                            | ero, enter                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | "0" in (                                 | column 2                                          | <u> </u> | TOTAL                                                          | -                      | OR         | -290=<br>TOTAL                                                          | 770                    |
|                          |                                                                                                | •                                                                                                                 | MENDED - PART II                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |                                                   |          | TOTAL                                                          | L                      | OR         | TOTAL OTHER                                                             | TUAN                   |
|                          |                                                                                                | (Column 1)                                                                                                        | 11711-170                               | (Column 2) (C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                          |                                                   |          | SMALL                                                          | ENTITY                 | OR         | SMALL E                                                                 |                        |
| AMENDMENT A              |                                                                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                                                                         | ·                                       | HIGHE<br>NUMB<br>PREVIOL<br>PAID F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | BER<br>USLY                              | PRESENT<br>EXTRA                                  |          | RATE                                                           | ADDI-<br>TIONAL<br>FEE |            | RATE                                                                    | ADDI-<br>TIONAL<br>FEE |
| WON<br>NO                | Total                                                                                          |                                                                                                                   | Minus                                   | **                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                          | =                                                 |          | XS 9=                                                          |                        | OR         | X\$18=                                                                  |                        |
| AME                      | Independent                                                                                    | ,                                                                                                                 | Minus                                   | ***                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                          |                                                   |          | X43=                                                           |                        | OR         | X86=                                                                    |                        |
|                          | FIRST PHESE                                                                                    | ENTATION OF MU                                                                                                    | JLTIPLE DEM                             | PENDEN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | CLAIM                                    |                                                   |          | +145=                                                          |                        | OR         | +290=                                                                   |                        |
|                          |                                                                                                |                                                                                                                   |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |                                                   | L        | TOTAL                                                          |                        | _ L        | TOTAL                                                                   |                        |
|                          | •                                                                                              |                                                                                                                   |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          | _                                                 |          | 1 '                                                            | OR ,                   | ADDIT. FEE |                                                                         |                        |
|                          |                                                                                                |                                                                                                                   |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |                                                   | А        | DDIT. FEE                                                      |                        | . ,        | ADDIT. FEEL                                                             |                        |
|                          |                                                                                                | (Column 1)                                                                                                        |                                         | (Colum                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                          | (Column 3)                                        | A<br>    | ODII. FEE I                                                    |                        |            |                                                                         |                        |
| ENT B                    |                                                                                                | (Column 1) CLAIMS REMAINING AFTER AMENDMENT                                                                       |                                         | (Colum<br>HIGHE<br>NUMBI<br>PREVIOL<br>PAID FO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ST<br>ER<br>USLY                         | (Column 3) PRESENT EXTRA                          | <u></u>  |                                                                | ADDI-<br>TIONAL<br>FEE |            | RATE                                                                    | ADDI-<br>TIONAL<br>FEE |
| NDMENT B                 | Total                                                                                          | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                                                                         | Minus                                   | HIĞHE<br>NUMBI<br>PREVIOL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ST<br>ER<br>USLY                         | PRESENT                                           |          |                                                                | TIONAL                 | OR         | I                                                                       | TIONAL                 |
| AMENDMENT B              | Inaependent                                                                                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                                                                         | Minus                                   | HIGHE<br>NUMBE<br>PREVIOL<br>PAID FO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ST<br>ER<br>USLY<br>OR                   | PRESENT<br>EXTRA                                  |          | RATE                                                           | TIONAL                 |            | RATE                                                                    | TIONAL                 |
| AMENDMENT B              | Inaependent                                                                                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                                                                         | Minus                                   | HIGHE<br>NUMBE<br>PREVIOL<br>PAID FO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ST<br>ER<br>USLY<br>OR                   | PRESENT<br>EXTRA                                  |          | RATE X\$ 9=                                                    | TIONAL<br>FEE          | OR<br>OR   | RATE<br>X\$18=                                                          | TIONAL                 |
| AMENDMENT B              | Inaependent                                                                                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                                                                         | Minus                                   | HIGHE<br>NUMBE<br>PREVIOL<br>PAID FO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ST<br>ER<br>USLY<br>OR                   | PRESENT<br>EXTRA                                  |          | RATE  X\$ 9=  X43=  +145=  TOTAL                               | TIONAL<br>FEE          | OR<br>OR   | RATE  X\$18=  X86=  +290=  TOTAL                                        | TIONAL                 |
| AMENDMENT B              | Inaependent                                                                                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                                                                         | Minus                                   | HIGHE<br>NUMBE<br>PREVIOL<br>PAID FO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | EST<br>ER<br>USLY<br>OR                  | PRESENT<br>EXTRA                                  |          | RATE  XS 9=  X43=  +145=                                       | TIONAL<br>FEE          | OR<br>OR   | RATE  X\$18=  X86=  +290=                                               | TIONAL                 |
| <u>.</u>                 | Inaependent                                                                                    | CLAIMS REMAINING AFTER AMENDMENT  *  NTATION OF MU  (Column 1) CLAIMS                                             | Minus                                   | HIGHE NUMBE PREVIOU PAID FO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | EST<br>ER<br>USLY<br>OR<br>CLAIM         | PRESENT EXTRA                                     |          | RATE  X\$ 9=  X43=  +145=  TOTAL DDIT FEE                      | TIONAL<br>FEE          | OR<br>OR   | RATE  X\$18=  X86=  +290=  TOTAL                                        | TIONAL                 |
| υ l                      | Independent FIRST PRESE                                                                        | CLAIMS REMAINING AFTER AMENDMENT  *  NTATION OF MU  (Column 1)                                                    | Minus                                   | HIGHE NUMBE PREVIOL PAID FO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | CLAIM  CLAIM  TO 2)  ST  ER  USLY        | PRESENT<br>EXTRA                                  | AI       | RATE  X\$ 9=  X43=  +145=  TOTAL DDIT. FEE                     | ADDI-<br>TIONAL        | OR<br>OR   | X\$18=<br>X86=<br>+290=<br>TOTAL<br>ADDIT. FEE                          | TIONAL FEE             |
| υ l                      | Independent FIRST PRESE                                                                        | CLAIMS REMAINING AFTER AMENDMENT  *  NTATION OF MU  (Column 1) CLAIMS REMAINING AFTER AMENDMENT                   | Minus                                   | HIGHE NUMBE PREVIOL PAID FO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | CLAIM  CLAIM  TO 2)  ST  ER  USLY        | PRESENT EXTRA  =  (Column 3)  PRESENT             | AI       | RATE  X\$ 9=  X43=  +145=  TOTAL DDIT. FEE                     | ADDI-<br>TIONAL<br>FEE | OR<br>OR   | X\$18=<br>X86=<br>+290=<br>TOTAL<br>ADDIT. FEE                          | TIONAL<br>FEE          |
| υ l                      | Independent FIRST PRESE                                                                        | CLAIMS REMAINING AFTER AMENDMENT  *  NTATION OF MU  (Column 1) CLAIMS REMAINING AFTER AMENDMENT  *                | Minus                                   | (Column HIGHES NUMBE PREVIOU PAID FO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | CLAIM  CLAIM  TO 2)  ST  ER  USLY        | PRESENT EXTRA                                     | AL       | X\$ 9=  X43= +145= TOTAL DDIT. FEE  RATE  X\$ 9=               | ADDI-<br>TIONAL<br>FEE | OR OR A    | RATE  X\$18=  X86= +290= TOTAL DDIT. FEE  RATE  X\$18=                  | TIONAL FEE             |
| AMENDMENT C              | Independent FIRST PRESER  Total Independent                                                    | CLAIMS REMAINING AFTER AMENDMENT  *  NTATION OF MU  (Column 1) CLAIMS REMAINING AFTER AMENDMENT  *                | Minus  JLTIPLE DEPI  Minus  Minus       | (Column HIGHES NUMBE PREVIOU PAID FOR P | CLAIM  CLAIM  CLAIM  ST  ER  JSLY  OR    | PRESENT EXTRA  =  (Column 3)  PRESENT EXTRA       | AL       | RATE  X\$ 9=  X43=  +145=  TOTAL DDIT. FEE  RATE               | ADDI-<br>TIONAL<br>FEE | OR OR A    | RATE  X\$18=  X86=  +290=  TOTAL ADDIT. FEE                             | TIONAL FEE             |
| AMENDMENT C              | Independent FIRST PRESENT Total Independent FIRST PRESENT                                      | CLAIMS REMAINING AFTER AMENDMENT  *  NTATION OF MU  (Column 1) CLAIMS REMAINING AFTER AMENDMENT  *  NTATION OF MU | Minus  Minus  Minus  Minus  LTIPLE DEPE | (Column HIGHES NUMBE PREVIOU PAID FOR STANDENT COLUMN PAID FOR STANDENT PAID FOR STANDENT COLUMN PAID FOR STANDENT PAID  | CLAIM  CLAIM  CLAIM  CLAIM               | PRESENT EXTRA  =  (Column 3)  PRESENT EXTRA  =  = | AI       | X\$ 9=  X43= +145= TOTAL DDIT FEE  RATE  X\$ 9=  X43= +145=    | ADDI-<br>TIONAL<br>FEE | OR OR A    | RATE  X\$18=  X86=  +290=  TOTAL ADDIT. FEE   RATE  X\$18=  X86=  +290= | TIONAL FEE             |
| AMENDMENT C              | Independent FIRST PRESENT Total Independent FIRST PRESENT the entry in column the "Highest Num | CLAIMS REMAINING AFTER AMENDMENT  *  NTATION OF MU  (Column 1) CLAIMS REMAINING AFTER AMENDMENT  *                | Minus  Minus  Minus  Minus  LTIPLE DEPE | (Column HIGHES NUMBER PREVIOUS PAID FOR | CLAIM  CLAIM  CLAIM  CLAIM  CLAIM  CLAIM | PRESENT EXTRA  =  (Column 3)  PRESENT EXTRA  =  = | A        | RATE  X\$ 9=  X43=  +145=  TOTAL DDIT. FEE  RATE  X\$ 9=  X43= | ADDI-<br>TIONAL<br>FEE | OR OR OR   | X\$18=  X86=  +290=  TOTAL ADDIT. FEE   RATE  X\$18=  X86=              | TIONAL FEE             |